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NEW SOVIET METHOD OF TREATING TUBERCULOSIS

At the combined meeting of the Moscow Societies of Therapeutists and Phthisiotherapeutists which took place on 8 July 1949, and was presided over by Prof V. L. Eynis, Prof N. A. Al'bov presented a paper on the treatment of tuberculous peritonitis and lymphadenitis by acting on the nerve receptor apparatus of the lungs. According to Professor Al'bov's report, this method of treating nonpulmonary tuberculosis is based on A. D. Speranskiy's conception of the part which nonspecific irritation of the nerve receptor apparatus of the lungs plays in increasing the resistance of the organism to tuberculosis.

The treatment consists in introducing bismuth carbonate into blood vessels of the pulmonary circulation cycle. The experimental basis of the method is Ostryy's observation to the effect that addition of bismuth acetate to an embolus which contains Koch's bacilli and is introduced into the organism of animals prevents development of generalized tuberculosis in those animals. Al'bov's clinical observations were carried out on 100 patients suffering from tuberculous peritonitis (polyserositis) and lymphadenitis. Bismuth carbonate was injected intravenously in the form of a dilute suspension containing 0.1 [grams?] of bismuth in 100 cubic centimeters of a physiological solution prepared with twice-distilled water and cooled to 40 degrees. Ten to 20 cubic centimeters were injected intravenously. The course of treatment consisted of 20 such injections.

In 52 out of 65 cases of tuberculous peritonitis and in 30 out of 41 cases of tuberculous lymphadenitis clinical recovery was obtained. Remote aftereffects were watched for during a subsequent period of 3 years. A gradual increase of the quantity of the injected suspension increased the therapeutic effect. Prior irradiation with ultraviolet light impaired the therapeutic effect. In cases of meningitis or pulmonary and miliary tuberculosis the treatment was ineffective.

This method of treatment is absolutely harmless, according to Al'bov. Complications in the form of fever and headaches may arise when the physiological solution has not been properly purified.

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L. A. Knyazeya reported on the same method of treatment. According to her paper, 80 percent clinical recovery was obtained in the treatment of 100 cases of organic tuberculosis (polyserositis and lymphadenitis). The best effect was obtained in the exudative form of peritonitis while the effect was less pronounced in the adhesive form. No therapeutic effect was observed in the caseous form. In cases of positive action the temperature was lowered, the rate of erythrocyte sedimentation diminised, diruesis increased, swelling of the abdomen subsided, the general sense of well-being improved, Pirke's reaction tapered off, and menstruation was restored in female patients. Results of the treatment were apparent after 5-7 injections. The course of treatment took 1.5-2 months. The treatment also helped when there was recurrence of the infection. Knyazeva concluded her report by citing several case histories.

In the discussion which followed the reports by Al'bov and Knyazeva, Doctor Arkhipova of the Resorts Institute mentioned successful treatment of 43 cases of tuberculous polyserositis and lymphadenitis by the bismuth carbonate method. According to Arkhipova, secondary pathogenic conditions (colitis, eczema, renal complications) disappear together with the principal infection as a result of the treatment, proving that the treatment brings about a general immuno-biological reorientation of the organism. Doctor Romanovskaya reported on 40 cases of tuberculosis of the female genital organs which were treated by injecting intravenously bismuth carbonate. According to Romanovskaya, complete clinical recovery was achieved in 13 cases while in 17 cases there was considerable improvement and restoration of the ability to work. She expressed the opinion that the new method represents an extremely valuable addition to gynecological therapy and that it is preferable to X-ray treatment in cases involving young patients.

Prof N. A. Shmelev referred to the fact that in Ostryy's experiments dependence of the development of the infection of the location of the microbe culture rather than its dosis has been observed. This, in Shmelev's opinion, throws a new light on the role which the nervous system plays in the development of tuberculous infections. When the embolus containing bismuth carbonate is introduced, a clinical picture of embolism in vessels of the lesser circulation does not arise. There is apparently impregnation of the walls of blood vessels by the remedy and consequent irritation of nerve receptor mechanisms imbedded in those walls. The treatment is ineffective in pulmonary tuberculosis because the nerve receptor apparatus of the lungs has presumably been damaged. The diuretic effect is due to a general improvement in the condition of patients rather than some specific action of the drug. Professor Shmelev concluded by saying that the new method is one of the best known at present.

Doctor Ostryy commented on Shmelev's remarks by saying that in animal experiments tuberculous alterations occur in the vicinity of the arrested embolus while they are totally absent elsewhere. This leads to the conclusion that bismuth has no direct effect in stopping tuberculosis. This conclusion is confirmed by the fact that even an increased dose of bismuth is ineffective in stopping the general spread of infection caused by an embolus introduced as before if the bismuth has been injected into some other part of the body, for instance, the abdominal cavity. When the embolus has been introduced together with the bismuth into a blood vessel of the lesser circulation cycle, tuberculosis bacilli are not killed by the bismuth, yet development of the infection ceases. In conclusion, Ostryy expressed the opinion that work done by USSR physiologists has changed entirely the current views on the nature of tuberculous infection.

Thereupon, Academician A. D. Speranskiy remarked that Ostryy's experiments induce one to revise not only the current views on tuberculosis, but the theory of infectious diseases in general. The effects of the quantity and virulence of the microbes introduced into the organism must be negated and a predominant importance ascribed to the condition of the tissues at the monent of encounter with the microorganism. The decisive role in determining the reaction of the tissues is played by the nervous system, Speranskiy stated.

Prof V. L. Eynis closed the discussion by saying that any new method requires extensive clinical checking before definite conclusions can be made. The clinical information which is available in this case seems to be important and will stimulate further work. Further results are necessary in order to clarify the theoretical basis.

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